

SELF EMPLOYED INCOME/EXPENSE

NAME OF PROPRIETOR	BUSINESS ACTIVITY
BUSINESS NAME	PRODUCT OR SERVICE
BUSINESS ADDRESS	FEDERAL I.D. NUMBER

1. Business is conducted on the Cash Basis Accrual Other _____
2. Inventory (if applicable) is based on Cost Other _____
3. Do you use any part of your home for business? Yes No
4. Did you hire any new employees that may qualify for job credits? Yes No
5. How many months in business during year? # _____
6. Did you buy or sell any assets? Yes No (See back for details)

INCOME		COST OF GOODS SOLD (If Applicable)	
Gross Receipts/Sales		Beginning of the Year Inventory	
Returns & Allowances	()	End of the Year Inventory	
*Income Reported on 1099's		Purchases	
*Commissions		Above Withdrawn for Personal Use	
Other:		Cost of Labor	
		Materials/Supplies	
		Other:	
* Do Not Duplicate if included in Gross Receipts			

EXPENSES

Advertising		Wages (Not Reported Above)	
Bad Debts (If reported as income)		Payroll Taxes	
Bank Charges		Social Security and Medicare	
Car/Truck Expense (Detail)		Unemployment (Fed & State)	
Commissions & Fees Paid		Other Taxes	
Dues & Publications		Real Estate	
Employee Benefit Programs		Personal Property	
Freight (Not Included Above)		Other:	
Insurance (Business)		Automobile Exp. (Adequate records required)	
Interest (Business)		Total Miles Driven	No.
Laundry & Cleaning		Business Miles	No.
Legal & Professional		Parking Expense	
Office Supplies & Postage		Other:	
Pensions/Profit Sharing		Travel (Out of Town)	
Utilities		Transportation (Air Fare)	
Rent (Business)		Lodging	
Repairs & Maintenance		Cabs, Bus, Rentals	
Supplies (Other)		Other:	
Telephone (Business)		Meals & Entertainment (at 100%)	
Health Ins. (Personal 100%)		Meals & Tips	
Other:		Entertainment	
		Tickets & Events	
		Gifts	
Mortgage Interest (Paid to Financial Institution)			
Depreciation - If Predetermined (Attach Schedule)			
Other (Explain):			

List on back, purchases of equipment, furniture, vehicles or leasehold improvements.

